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ABSTRACT

This document provides a summary of a formative evaluation research project concerning the neighborhood day care homes program in Caracas, Venezuela. The evaluation included nine lines of study: (1) an assessment of sociodemographic conditions of Venezuelan preschool age children, legal and employment status of Venezuelan women, and general social variables influencing Venezuelan women and children; (2) a documentary review of the history of the day care homes program; (3) a survey of 1,200 mothers participating in the program; (4) a comparison between a theoretical cost calculated on the basis of program implementation guidelines and actual one-year operating costs; (5) an ethnographic study of 15 day care homes; (6) a demographic study of six low-income communities in Caracas where the program was not operating; (7) an in-depth study of 15 representative cases from the six non-program neighborhoods; (8) four case studies of participants and non-participants in the program; and (9) a bibliographic review of literature on day care systems in other countries. Recommendations are organized according to three program areas: administration, the role of the technical teams, and the role of the care mothers. (Author/DB)

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Day Care in Caracas

Summary of a Major Evaluation:

Neighborhood Day Care Homes Program in Venezuela

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DAY CARE IN CARACAS

A DAY CARE HOMES PROGRAM EVALUATION REPORT

by
Maria Carlota de Ruesta
and
Amalia Barrios de Vidal

Translated into English by David Fisk

VOLUME I
EXECUTIVE SUMMARY

The final version of this volume was prepared in collaboration with a commission named by the Board of Directors of the Children's Foundation. The commission was composed of Ana Maria Da Paris Montesinos, Teresa Albanez, John Nascimento, Carols Acedo Mendoza with the technical assistance of John B. Clement and David Fisk of the High/Scope Foundation.

The Spanish language original of this report was produced by Fundacion del Niño, Caracas, Venezuela, November, 1978.

High/Scope Educational Research Foundation
600 North River St., Ypsilanti, MI 48197
April, 1980

Note to the reader. . .

This volume is the first in a series of nine reports documenting the processes and results of an evaluation of the Day Care Homes Program of the Children's Foundation of Caracas, Venezuela. The evaluation was implemented between January and September, 1978. The complete report series is as follows:

I. Executive Summary

II. The Context: The child and the family in the marginal communities of Venezuela and the need for Day Care services.

III. How does the Community Care for Children of Working Mothers?: A Study of Four Marginal Neighborhoods in Caracas.

IV. The Children's Foundation and the Day Care Homes Program.

V. A Conversation with 1101 Care Mothers.

VI. A Descriptive Study of 15 Day Care Homes.

VII. Determination and Analysis of the Human and Financial Resource Requirements of the Day Care Homes Program.

VIII. The Methodology of the evaluation.
Part A: A Descriptive Summary
Part B: Instrumentation

IX. A Bibliographic Review of Day Care Around the World.

The evaluation was implemented by the Planning Office of the Children's Foundation, with the technical assistance and participation of the High/Scope Educational Research Foundation of Ypsilanti, Michigan and the co-sponsorship of UNICEF. The evaluation team included:

The Children's Foundation: Maria Carlota de Ruesta, Amalia Barrios de Vidal, Jacqueline F. de Aizpurua, Monica Leon de Valdes, Jesus Leonardo Yanez, Irma Matute, Rosa Ciancio, Teresa de Quintero, Yolette Ramirez, Carlos Regla, Meryana Dager, Mirna Pinango, Julio Antequera and Miguel Baltodano.

The cost study was sub-contracted by the Children's Foundation to the Office of Economic Consultants of Carlos Acedo Mendoza and Associates (CONECAM).

The High/Scope Foundation: David P. Weikart, David Fisk, Jose Rosario, Robert Halpern, John Berrueta-Clement and Jose Sanchez.

The evaluation team wishes to express their gratitude to the field data collectors who implemented the interviews and implemented the week long observations in the Day Care Homes: Evelyn Liendo de Leon, Sofia Mata de Fuenmayor, Lucia Stella Gonzalez, Johannes Soppe, Dominga Valor, Maria Elena Fleitas, Ramona Alcala, Nina Blanco, Maria Auxiliadora Velasquez, and Leris Sosa. Nestor Leal, Pedro Laya, and the Dras. Maritza de Jimenez and Nelida Nieto participated in the health and psychology studies.

We would also like to thank for their patience and collaboration, the Care Mothers, the children as well as the program field staff and Working Mothers who formed part of the selected sample.

Finally, we express our gratitude to the Nutritional Recuperation Center "Menca de Leoni" and the personnel of the Children's Foundation: office directors, drivers, secretaries and photographers without whose collaboration and support, this evaluation project could not have been completed in the short ten-month period.

Translators Note

This translation of the Executive Summary was prepared by the High/Scope Foundation as a means to share with the English-speaking world the results of this benchmark study of one of the largest and most innovative Day Care Programs in the Americas. In preparing the reports, the evaluation team decided to use the terms "working mother" and "care mother" to be consistent with the program's operational terminology. They were well aware (as is the program team) of the inconsistencies in using these terms, since all mothers are really "working mothers," whether they work in the home or outside the home.

An English-language summary of this report was published in the Spring, 1980 High/Scope Bulletin, and is available free-of-charge from the Foundation. Requests for more detailed information on the evaluation or program should be directed to the Fundacion del Nino in Caracas. We also refer the reader who is interested in the day care needs of women throughout the developing world to a comprehensive six-nation study recently completed by the Overseas Education Fund of the League of Women Voters (2101 L. Street N.W., Washington, DC 20037).

Dave Fisk

Article 57: "The social assistance, education and welfare obligations which correspond to the state do not override those which, in virtue of social solidarity, are the responsibility of the individuals according to their capacity . . . ."

National Constitution of Venezuela 1961

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Introduction

The Children's Foundation was founded as a private sector institution in Caracas, Venezuela in 1964. The Foundation's statutes stipulate that the First Lady of the Republic preside over the Board of Directors.

Over the years the Foundation has been responsible for developing increasingly comprehensive programs targeting young children. The initial activity was a national "Day of the Child," this later evolved into support for a summer vacation program for primary school aged children as well as an educational TV program series, which in turn evolved into the present programs of intensive, integral and direct service to children 0-6 years of age.

The Foundation's character as a private institution, not having to deal with the administrative restrictions generally surrounding public agencies, has facilitated development of truly innovative programs to protect the child in the early years of life.

The Children's Foundation has also received valuable support from the Venezuelan society, including important donations from the business sector and permanent support from the Federal Government. Both private and public sector contributions have increased as the Foundation's programs have expanded to encompass more comprehensive social objectives and expanded coverage.

The Foundation's current central activity, the "Day Care Homes Program" (DCHP) was initiated in October 1974 and focused on development of an integral care initiative for preschool age children with available community resources. The DCHP provides children from disadvantaged neighborhoods basic custodial care as well as health, nutrition and education services in a family environment during the hours while the mother is working outside the home.

The level of development achieved by the program, as well as the interest in the program by professionals and social action agencies both within Venezuela and elsewhere, led the Foundation's Board of Directors to implement an evaluation of the program with the co-sponsorship of UNICEF (United Nation's Children Fund). The evaluation was implemented during 1978 by the Planning Office of the Children's Foundation with the technical assistance of the High/Scope Educational Research Foundation of Ypsilanti, Michigan, an organization recommended by UNICEF for this task.

The evaluation reports document the program's current level of implementation, the usefulness of the program as a model for providing integral care to young children, the potential that community-level human resources have in the development of child assistance programs, the enormous need that the communities have for the program, and those aspects of the model which require new programmatic developments.

In a society in which women are joining the workforce in massive numbers, a system of day care provision which assures comprehensive care for young children is a need that comes from the basic rights of both the mother and the child. For this reason, to the extent that the viability of the program is demonstrated through this evaluation, the program's continuity and expansion with permanent support from the Federal Government is urged. At the same time, however, the program should maintain a permanent investigative function which permits more complete development of the service model and a continual adaptation to the social dynamics of the milieu in which it operates.

The evaluation results reported in this document should serve as a basis for judgment at the time decisions are made regarding the future expansion and development of the program. This information should give those who are responsible for policy formulation, as well as those who receive the services, assurance that the decisions are based on a field program which was systematically and objectively evaluated.

There are few social program initiatives that have this privilege. We hope that the new information generated in this evaluation process helps the future governing boards of the Foundation achieve optimal levels of use of available resources, as well as assuring maximum benefit to the children served. We also hope that other institutions, both national and in other Latin American countries working for the well-being of children, find this evaluation useful as a point of reference in the process of policy formulation for young children.

I. THE DAY CARE HOMES PROGRAM

I. The Program

The Day Care Homes Program is based on the concept of using private homes in the neighborhoods to serve as the care centers, with women from the neighborhood (most often owners of the homes) as the primary care givers. Weekdays from 6:00 a.m. to 6:00 p.m. each care home in the program is designed to serve five children under six years of age, the majority of which are dependents of neighborhood women who work outside the home. During these hours a daily schedule is followed which consists of breakfast, educational activities, personal hygiene, lunch, nap, snack and free play.

To help assure security and well being, the Day Care Home sites selected to be in the program must meet minimal program standards related to construction, location and access, adequate facilities for kitchen and bath and other basic services as well as a free play area for children. The Foundation provides to the selected homes the additional equipment necessary for the operation of the program, which includes a table and 6 small chairs, kitchen utensils, a first-aid kit, roll-up mattresses, cribs and a bulletin board.

The care mother should be a Venezuelan between 18 and 50 years of age, be in good health and desire to work with children. The care mother can have up to two of her own children under 6 years of age in the program. The Foundation provides each care mother a stipend of $1.54 daily for feeding and care services for each program child in her home. The working mother also pays the care mother $ .23 daily for each child she has in the program.

Each group of 20 Day Care Homes in a neighborhood is served by a technical support team composed of a social worker, a para-professional health worker, and a teacher.

This technical team is charged respectively with maintaining administrative and quality control of the Day Care Homes, establishing linkages with the appropriate public sector organizations to assure preventative and curative health services for the children, and developing educational activities in the Day Care Homes. The training of the Care Mother is a shared responsibility of all members of neighborhood teams. For each eight neighborhoods there is also a person responsible for legal services, charged with legal documentation for the children and mothers (e.g., birth certificates, *carnets*, social security, etc.) and the provision of other legal assistance when needed by the care or working mothers. There is a goal (and program maximum) of having 60 Day Care Homes operating in each target community, which would imply three technical teams operating under the general supervision of a neighborhood coordinator.

The Day Care Homes Program is based on the natural form of care found in the target neighborhoods. Into this system the program introduces a series of services under professional supervision directed toward the integral well-being of the child.

2. The Evaluation

There are two distinct, complementary manners to approach evaluations of social or educational programs.

The first is commonly referred to as *formative evaluation*. The type of evaluation provides basic descriptive information on the program under study. The information generated permits the evaluator to know the extent of implementation of a program, how the program is run and if the field implementation processes effectively reflect the program guidelines.

The second is *summative evaluation*. This type of evaluation provides information on the effects of a program through measurement of the changes which occur in the program participants. There are two essential characteristics of

this type of evaluation: There should be pre- and post-treatment data available and the evaluation design should include a "control group" that does not receive treatment.

The formative evaluation approach was selected for this study of the Day Care Homes Program. There were two reasons for this. First, even though the program has a supervisory structure, it was considered advisable to do a systematic and in-depth review within the context of a formal evaluation, to determine whether or not the program norms are being implemented in the field as well as document modifications developed at the community level. The second reason for choosing the formative evaluation approach comes from the nature of the program itself. The program never was meant to be an experimental exercise. As a consequence rigorous pre-treatment data was not collected which would allow us to describe in detail the characteristics of the mothers and children at the point of program entry, which would then enable a later comparison with post-treatment measures.

The present evaluation attempts to determine those areas of the program which are being effectively implemented, and identify the critical path in the process of formulation of objectives, program strategies and field implementation. It was also thought that the findings of this formative evaluation could provide the context within which an impact (or summative) evaluation could be undertaken at a later time.

The evaluation included the following nine lines of study:

A) A Documentary Study of the Context of the Program. (Volume II)

- The sociodemographic conditions of the Venezuelan population under six years of age (health, nutrition, medical care, education and family situation).
- The situation of the women of Venezuela: (incorporation in the labor force, working conditions, legal problems).
- The general social variables that influence the situation of the child and women (population growth, problems of housing and public services and income distribution).

B) A Documentary Review of the History of the Children's Foundation and the Day Care Homes Program. (Volume IV)

C) A Survey of 1,200 Care Mothers in the Metropolitan Area (Caracas). The survey focused on sociodemographic data (ages, prior occupation, time in the program, family situation, income); knowledge (hygiene, health and infant stimulation) and basic attitudes toward the program. (Volume V)

D) A Cost Study. This consisted of a comparison between a theoretical cost calculated on the basis of program implementation guidelines and the real cost of one year's operation based on program accounts. (Volume VII)

E) An Ethnographic Study of Fifteen Day Care Homes. The purpose of this ethnographic study was to gather the data necessary for a detailed analysis of the internal processes that occur on a daily basis in the Day Care Home, from the arrival through the departure of the children. Fifteen homes were randomly selected from the mothers interviewed under Study C. The variables for selecting the sample of mothers were: age, education and length of time in the program. This study was implemented through systematic participant observation as well as a series of interviews with the care mother, the working mother, other community members and the barrio's technical teams.

A statistical analysis of the technical teams which fell into the sample was also undertaken along the same variables mentioned above. The results reflected an adequate representation of the universe. There was not an attempt to select the care homes in such a way as to come up with a representative sample of the children served. This was not deemed necessary since the purpose of the evaluation was to measure program implementation rather than program impact.

This part of the study also included the use of an observation checklist and inventory of environmental stimulation which was an adaptation of the Caldwell Home Environment Scale. The scale was used to measure the quality of the psychological environment in the care home. There was also a clinical study of the health and nutritional status of the 41 children served in the 15 day care homes which comprised the sample (Volume VI).

F) A Demographic Study of Six Low-Income Communities in Caracas Where the Day Care Homes Program is Not Yet Operating. This study gathered preliminary data on how mothers who work outside the home resolve their child's day care needs in the absence of a program. Under this study 113 interviews were carried out which revealed nine different forms of care, which later were constructed in a typology of care in Caracas. (Volume III)

G) An In-Depth Study of Fifteen of the Naturally Occurring Cases of Care. These were representative of the 113 cases found in the above survey of the six non-program neighborhoods. This study used an adaptation of the observation and interview instruments used in the 15 program homes, including the environmental stimulation and clinical health studies. (Volume IX)

H) Four Case Studies. These were developed through a directed biographical methodology.

The cases selected were:

- *For the Day Care Homes:* a day care mother of proven efficiency. This was the one who, in the ethnographic study, achieved the highest score on the environmental stimulation measures, and a working mother and her two children in the program.
- *For Non-Program Families:* a working mother who left her child with an adolescent sibling, and a mother who had to leave her preschool age children alone. This case did not fall within the sample of 15, but was included in the series of case studies to reflect an extreme condition which was found in the neighborhood survey. (Volumes III and IV)

I) A Bibliographic Review. This included a review of the literature on day care systems in other countries. (Volume IX)

II. CONCLUSIONS OF THE STUDY

1. Does a need exist in Venezuela for a day care system that provides integral services for 0-6 year old children from marginal areas? (Volume II)

Yes. The need is evidenced by the fact that one million children, one of every three preschool aged children, live in conditions unfavorable for their physical, intellectual and emotional development. In the poor barrios and rural areas where they are concentrated, environmental conditions related to health, education and basic public services are clearly deficient. Only one in three families has access to sanitary services. The infant mortality rate is 35 out of 1000. The principal causes of mortality for children under six are gastrointestinal diseases, accidents, respiratory diseases and measles. Malnutrition, affecting one-half of the preschool population, is an important contributing factor.[1] On the other hand, among these social groups, four out of ten women are heads of families; alone they assume responsibility for providing for, caring for and educating the children. Among the population in general one out of four women work outside the home, and this figure increases year after year.[2] In spite of this, Day Care services are practically nonexistent and even early education programs, which do not provide integral attention, have insufficient coverage. Only 12% of the preschool population are serviced under these programs, and only 2.25% receive integral care services, the majority of which are 4-6 year-old children. From this it is evident that the 0-3 year-old population is the least served.[3]

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[1] Ministry of Sanitation, Paper presented in the II Session of the Preschooler, 1977.

[2] CISOR "The Condition of the Woman in Venezuela." *Zona Franca*, Volume II, Number 15, Caracas, October 1972.

[3] Organizing Commission for the International Year of the Child, "Integral Care for the 0-6 Year Old," Caracas, 1978.

2. *In view of the absence of services, how do the low income communities resolve their day care problems? (Volume III)*

In the socio-demographic study of six low income communities where the Day Care Homes Program does not exist, the working mothers address the problem of the care of their children through diverse forms which can be classified according to the following typology[4]:

A. Non-institutionalized forms
   1. Based in the family
      a) Children cared for by other children under 7 years of age.
      b) Children cared for by other children between 7-12 years of age.
      c) Children cared for by adolescents.
      d) Children cared for by related adults.
      e) Children cared for by adults not related to them in the home of the child or the home of the caretaker.
   2. Informal groupings
      a) The "kinder-garage"
      b) The "little school"

B. Institutionalized Forms
   1. Preschool classrooms of the Ministry of Education
   2. Preschool care programs (National Institute of the Minor, the Children's Foundation, MEVAL, FIPAN, Municipal Councils and other social welfare institutions).

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[4]The Extended family care does not usually involve a special charge to the mother for services. The informal day care not based on the extended family costs can reach as high as US $13 monthly per child.

The study revealed the heavy predominancy (80%) of non-institutionalized forms based on the extended family in communities where the program did not operate. In comparing the data on the form of care with the age of the biological mother, a four phase national day care cycle was detected in these communities:

1. When the biological mother is young (18-24 years of age) her children are in the care of a grandmother, the mother or mother-in-law of the young working mother. In this situation, the economic resources and housing conditions are satisfactory and the emotional environment is favorable for the development of the children.
2. When the grandmother no longer is with them or the working mother leaves her family home to establish her own residence (25-31 years of age) the children are virtually alone. Other siblings, under 12 years of age, are responsible for the home during the absence of the mother. The socio-economic conditions of the home are precarious, the basic necessities of the children are not satisfied, and an emotional climate exists that does not serve the full developmental needs of the child.
3. As the working mother grows older and gains stability in employment (32-38 years of age) adolescent siblings are charged with the care of younger children, providing the younger children with more favorable conditions, even though this limits the formal educational opportunities of the older children.
4. Finally, when the working mother passes 40 years of age her children have children of their own, and she assumes the role of caretaker, providing her daughter or daughter-in-law the possibility of remunerative employment, which once again begins the communities' natural cycle of day care provision.

For the working woman in the age ranges of the second and third phase of this cycle, there exist increased pressures which could lead to a situation of potential abandonment of the child. When this is combined with the unfavorable environmental situation described earlier, a panorama of identifiable and acute social danger for a large number of children begins to emerge.

3. How does the Day Care Homes Program service model address these needs? (Volume IV)

The Day Care Homes Program responds in a direct manner to the above necessity in that it:

a) *Permits the rapid implementation of a care service.* The program does not require an elaborate or new physical infrastructure nor large numbers of professionals requiring extended training.

b) *Takes advantage of some of the natural forms of day care provision used by the community*, that of the extended family and other adults in the community.

c) *Provides care for the child*, assuring physical integrity during the hours the mother is employed outside the home.

d) *Addresses the emotional developmental needs* by providing an environment similar to that of the family, which is shared with a small number of other children of similar ages, and occasionally with other brothers and sisters.

e) *Meets the nutritional needs* by providing three balanced meals a day.

f) *Controls the state of health* through preventative and curative services including periodic medical exams and an immunization program, as well as monitoring the sanitary and hygenic conditions of the care home, and other aspects of the quality of care related to health.

g) *Provides educational activities* that stimulate the cognitive development of the child and begin preparation for the primary school.

h) *Offers legal services* to the family of the child to resolve problems of paternity and other legal problems.

i) *Provides orientation and training to both the care mother and working mother* relating to the developmental needs of children.

j) *Stimulates the participation of various governmental institutions and community groups* in the implementation of activities brought about by the program.

k) *Brings care providers and working mothers in contact with public agencies* providing services to the needy family.

4. How can the Children's Foundation respond to the growing demand for day care services? (Volume IV)

At the present time there are 1,260 Day Care Homes in the program in Caracas providing services to 3,000 families of working mothers (an average of 2.6 families per home). The rate of growth since 1975 has been 100% annually (150% in Caracas). During 1978 this growth rate was diminished to facilitate evaluation of program implementation and review the program's organizational structures.

The program is offered to the national community as a new model for integral care, but it is evident that the characteristics of the Foundation as a private entity, having limited technical and financial resources in spite of the fiscal support it does receive, sets parameters on its capability to provide broad program coverage.

5. How has the accelerated program growth affected program quality? (Volume V)

Ninety-five percent of the 1101 Day Care Homes visited during the massive interview of March and April 1978 were in operation and complied with the prescribed norms for physical adequacy, equipping and service provision to children. (Composite figures reflect a 76% attendance by children on the day of the interview). The week-long structured observations in the sample of 15 Day Care Homes reflected daily achievement of program guidelines related to reception, feeding, recreation, hygiene and custodial care. Given the representative nature of the sample we can conclude that these program guidelines are satisfactorily implemented in the other day care homes as well.

This satisfactory level of operation can be attributed to the progressive implementation of administrative mechanisms for equipping, supervising and maintaining quality control, as well as to the clearly defined regulations and maintenance of administrative criteria for the selection of the Day Care Homes.

Maintenance of quality during the program expansion process was further enhanced by incorporating the program under Presidential Decree 332 of 1974.[5] In accord with the provisions of this decree, the target neighborhoods for the program are those which have Multiple Service Modules which assure the communal sanitary services, transportation and local access to the food staples needed for minimal implementation of the program.

6. Who are the Care Mothers? (Volume V)

The care mothers are women with an average age of 34 years. A total of 53% are between the ages of 27 and 39, the youngest is 17 and the oldest 68. Prior work experience is primarily that of being a housewife (59%) and the rest have held remunerative positions (41%). One out of every four care mothers report that they have received money for taking care of children prior to participation in the program.

Almost half of the care mothers (47%) were born in urban centers, and one-third of these are from Caracas. Almost all (84%) have had some formal education and one-half of these (53%) have completed primary education. Only 10% acknowledge themselves to be illiterate.

More than three-fourths of the care mothers report that they are owners of the home in which they live. A total of 75% live in homes or apartments relatively well constructed, i.e., floors of cement or a polished granite/cement mixture; metal, asbestos or tile roofs, and basic sanitary installations.

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[5]Decree 332 of August, 1974 mandates the creation of Multiple Service Centers in each *Unidad de Ordinamento*. An "ordering unit" is a circumscribed low-income neighborhood area of 20,000 inhabitants having geophysical conditions making it conducive to progressive urbanization. Decree 332 is the basic device used to normalize provision of public services and/or re-locate these neighborhoods. The Decree is coordinated by FUNDACOMUN (Foundation for Community Development).

7. Who are the working mothers and their children? (Volume V)

The working mothers: The mothers of the children served by the program are women whose ages vary between 17 and 40, with the average being 26.

The majority (82%) have three children or fewer. In 67% of these cases all children are under six years of age.

A total of 80% of the working mothers acknowledge ability to read and write. Only a small group (14%) have not received formal education. Of the rest, 46% have received primary education and 38% secondary education.

In 50% of the cases, employment consists of non-specialized labor (maid or laundry service, or waitresses). The rest are employed in tasks that require some degree of experience or training, some as specialized manual laborers (seamstresses) and others as white collar workers (manicurists, nurses, secretaries).

The children: The children are distributed between zero and six years of age with 70% being under four. Two-year-olds are the largest single age group. The proportion of children included in the sample of 15 homes legally recognized by both parents is 19/61 and the number of children born in wedlock were 21/61; 7/61 are children born out of wedlock not recognized by both parents, and for the fourteen remaining the information was not available.

8. How well do the care mothers carry out their responsibilities? (Volume VI)

Satisfactorily. The observation data in the homes, as well as the responses of the care mothers to questions relating to knowledge and attitudes, affirms that the mothers' actions as caretakers are adequate and their general knowledge about child development is accurate. The strength of this finding validates the concept of using paraprofessionals from the local community as the basic human resource in child care programs.

The mothers provide the children the necessary custodial care, are alert to their basic necessities, abide by the stipulated daily schedule, know the norms governing the program, have basic knowledge in the areas of health, nutrition and child development, prepare and serve meals to the children, protect the children against dangerous situations, take care of their personal hygiene, and provide a home-like environment until the arrival of their mothers.

However, there are several specific areas in which the care mothers demonstrate or declare less satisfactory performance. These relate to:

- maximizing efficiency of tasks during the preparation and serving of meals.
- taking full advantage of the interaction with the children so as to promote cognitive growth and acquisition of acceptable habits of social development and personal hygiene.
- establishing and maintaining harmonious relationships with the working mothers.

On the other hand, more than one-third of the mothers reported that they have received no training under the program, or have not learned anything from the training they have received. This reflects an inadequacy of the training for the care mother that the neighborhood technical team provides during their visits to the day care home.

9. What have the neighborhood technical teams accomplished in the neighborhoods where the Day Care Home Program operates? (Volume VI)

The neighborhood teams have achieved:

1. A penetration into the lowest income communities and Ordering Units as well as urban developments of the lower middle class, and establishment of important and positive relationships with community organizations, the general population, and care and working mothers.

2. Installation and supervision of 1,260 Day Care Homes in 42 neighborhoods in the metropolitan area of Caracas.

3. Development of the basic program structure in the most impenetrable areas in which no other social service agency has established itself, surmounting difficulties of access and risks of personal security.

4. A basic guarantee of comprehensive care for the children: assuring completion of vaccinations and innoculations; broadening the variety in the diet, providing educational opportunities for the children, checking general health status and monitoring satisfactory implementation of the daily schedule.

10. What problems were found in the implementation of the program in relation to the work of the neighborhood technical teams? (Volume VI)

The evaluation findings indicate three problem areas:

1. *In the basic professional preparation:* a significant percentage of the teams included in the study demonstrate inadequate knowledge in such things as adult training, working with groups, child development and the utility and importance of record keeping.

2. *In the management structure they work within:*

a) Relating to the supervisory mechanisms: The criteria and directives which govern the process of supervision of the Day Care Homes are not clearly defined or specified in several service areas. Because of their short duration and routine content, the visits to the homes have miaimal value for the care mothers.

b) Relating to their work with the community: There is no clearly specific definition of the responsibilities of the neighborhood teams with the host community or the types of activities they should carry out in the community.

c) Relating to the implementation of their responsibilities: The content of the visits to the care homes of the different members of the neighborhood team

tends to be similar, with the sole exception of the teacher who has clearly specified activities. Confusion was specifically observed in the perceived roles and duplicity of functions in the case of the neighborhood coordinators and social workers.

3. *In the organization of their daily and weekly schedules:* the teams report that the 40-hour work week is allocated as follows: 20 hours to office work, 5 hours to movement within the neighborhood, and only 15 hours to visiting the homes. The relatively minor amount of work directly with the care mothers implies an inadequate organization of the work schedule.

11. What are the achievements of the Day Care Homes Program? (Volume VI)

The program model provides the children:

- adult care in a secure environment under the general supervision of an inderdisciplinary technical team during the hours their mothers work outside the home. control of height and weight, a balanced meal three times a day, contact with the neighborhood health clinic and required vaccinations and innoculations.
- important early childhood development of skills in areas such as:

  1) fine motor coordination, artistic expression, verbal concept development.

  2) development of a self-image, opportunities to explore the environment and satisfaction of basic needs.

  3) familiarity with the role of the teacher; group participation.

The program model provides the care mothers:

- an opportunity to achieve a sense of social utility; an opportunity to contribute to the financial maintenance of the home and an opportunity to put into practice her basic knowledge of child care and development.
- basic furnishing and remodeling of her home, when this is necessary.

- contact with organizations which are responsible for provision of health and legal services and provision of staple foodstuffs.
- social status as a result of her role as care mother.
- opportunity to incorporate her own children into the programs (62% of the care mothers have eligible children of their own in the program).

The program model provides the technical team:

- a social action program they believe in. The majority of the team members surveyed indicated that they perceived the program to be a solution to the working mothers' need for meeting the care and development needs of their children.
- a field-based opportunity to expand their knowledge of social program promotion and development.
- in-depth knowledge of the program's administrative norms. This is reflected by the very high level of implementation of these norms reported in the initial interview survey.

The program model provides the community:

- a network of Day Care Homes as one solution to the basic needs of a significant number of children.
- a potential for rapid program growth and coverage in both low and middle class neighborhoods, indicating that the model is responding to a generally felt need.
- jobs for members of the community as care mothers and new vocational opportunities for neighborhood preadolescents who participate as voluntary helpers in the educational activities for the children.

The program model provides the working mothers:

- a solution to their child care needs which permits them to work and contribute to the maintenance of their own homes.
- the services of a reliable, caring and responsible adult to care for their children's comprehensive needs from 6:00 a.m. to 6:00 p.m.
- nutrition, health and educational benefits for their children.

12. What objectives have not been met by the program?

In relation to the children:

- unlike the height and weight records, data has not always been maintained in a timely fashion on the vaccination/innoculation requirements and the nature and frequency of sickness. These records would facilitate more adequate evaluation of this aspect of the program.
- despite the positive experiences the program does provide in psychomotor and emotional development, the program's cognitive developmental potential is not being realized.
- records of the children's legal status are inadequate.

In relation to the working mother:

- training systems covering basic health needs, family life orientation and child development have not been implemented.

In relation to the care mother:

- the supervisory system is not developed or implemented to the degree necessary to assure smooth operation of the homes by providing the care mothers the support and orientation they need to direct a group of children during such a critical age.

In relation to the community:

- a permanent census of children 0-6 years of age who require day care services has not been maintained in the neighborhoods where the program is in operation.
- the operational goals of the program in relation to the community development process have not been defined.

13. What is the cost of operating the program? (Volume VII)

The annual estimated cost to the Children's Foundation for the care of each child is Bs. 3,501.44 (US $805.33). This is supplemented by the contributions of the care mother and other community institutions. The distribution of this cost is as follows:

Annual Estimated Cost in U. S. $

	Children's Foundation	*Other Institutions*	*Community*	*Total*
Personnel expenses	$1,195.81			$1,195.81
Child Care expenses				
- food quota	1,495.00			1,495.00
- stipend: care mother	690.00		$417.45	1,107.45
- medical care		$286.58		286.58
Infrastructure				
- home space			414.00	414.00
- equipping homes	102.81			102.81
Administrative expenses				
- office space		8.62		8.62
- direct expenses	104.71			104.71
- indirect costs	431.42			431.42
TOTAL PER HOME	4,019.75	295.20	831.45	5,146.40
Annual Cost per child	803.95	59.04	166.29	1,029.28

14. What is the difference between the projected cost and the real cost?

Minimal. The real costs are 3.4% *lower* than the projected cost based on program guidelines.

The projected annual cost per child is Bs 3,508.89 (US $807.04) including direct (feeding and care) and indirect expenses (personnel, program space and equipment and administrative costs).

The monthly cost is Bs. 292.40 (US $67.25) for each child, and the value of the daily direct expense is Bs. 6.67 (US $1.53) per child.[6]

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[6] This daily cost does not reflect indirect expenses. This would vary only if there were a significant increase in the number of children served.

Variations between real and estimated costs were found in the following budgetary categories:

1. *Personnel:* Actual personnel expenditures are less than one would project from the program model for two reasons. First, because actual wage levels reflect the current labor market and second, in some program areas the personnel actually contracted do not have the professional qualifications projected in the program guidelines, and therefore are hired at a lower rate of pay.
2. *Infrastructure:* Here the actual costs are higher than the projected costs. The primary reason is the closing of Day Care Homes prior to the three-year period of maximum return projected in the theoretical model.

15. How is the Children's Foundation program support distributed among budgetary categories for the Day Care Program?

Of every US $1 provided by the Foundation, the following amounts are spent on the various aspects of the program:

1. Direct attention to the child	US $0.18
2. Equipping the homes	0.03
3. Health sub-program (including feeding)	0.39
4. Education sub-program	0.09
5. Social sub-program	0.09
6. Legal sub-program	0.01
7. Administrative expenses	0.14

16. What are the personnel requirements of the different sub-programs?

Distributed by work area these requirements are the following:

Coordination (general and zonal)	47 persons
Legal sub-program	7 persons
Education sub-program	315 persons
Health sub-program	61 persons
Social sub-program	80 persons
TOTAL	510 persons

17. How do the clients perceive the Day Care Homes Program?

Very useful. The population contacted in this evaluation concur in their opinion that the program satisfies a fundamental need of the working mother, permitting her to go to work confident of the well-being of her children. In the case of the care mother there is a significant opportunity to play a useful role in the community while at the same time participating in a financially renumerative activity. In relation to the children, perceived benefits are generally related to health, the acquisition of new knowledge and desirable social habits and hygiene.

Specifically, the various groups included in this study perceive the following program effects:

The neighborhood technical teams believe that the program has the greatest impact on the care mothers' knowledge of health, nutrition and child rearing. The technical teams perceive less impact on the working mother because of the difficulty that exists in maintaining systematic contact with them. The team does not perceive social-emotional impact on the children, but did perceive educational and nutritional benefits.

The working mothers perceive the most important program impact to be the development of new abilities and knowledge in their children. Some 50% perceive that the most significant impact is in the areas of nutrition and health.

The care mothers perceive the same benefits as the other groups, but in addition, this is the only group to also perceive positive impact on the social-emotional development of the children. They report a lesser impact in nutrition.

COMPARATIVE FIGURE
AVERAGE MONTHLY COST BY HOME (US $)

Cost Category	*Projected US $*	*Adjusted US $*	*Absolute Variation US $*	*Relative Variation %*
Personnel expenses	99.63	83.51	16.12	16.2
Expenses for child care				
Stipend for care mother	57.50	60.03	2.53	4.4
Stipend for feeding	124.58	123.58	1.00	0.8
Equipping homes	9.14	10.98	1.84	20.2
SUB-TOTAL	290.85	278.10	21.49	4.4
Administrative expenses	45.39	46.79	1.40	3.1
Office rental	.72	.73	.01	1.2
Direct program	8.72	12.98	4.25	48.8
TOTAL	345.68	338.60	27.15	3.4
Expenditure per child	69.13	67.72	5.43	3.4
Indirect costs	35.95	33.08	2.86	8.0

III. RECOMMENDATIONS

How Can the Program be Improved?

The Day Care Homes Program, currently in its fourth year of operation as an innovative social service effort, represents a powerful development challenge. Further development of the program will require revision and strengthening of existing strategies and further research into new areas of action. The findings of this evaluation permit us to identify the specific program areas that need to be upgraded and the manner in which this should be done. The following recommendations are organized around the three fundamental program areas reviewed in this evaluation:

A. The Administrative Aspects.
B. The Role of the Technical Teams.
C. The Role of the Care Mothers.

A. The Administrative Aspects.

To achieve greater efficiency in program administration we recommend:

1. *A permanent review process for the program's information systems.*

These information systems include card indexes, reports and summary sheets which record the data on the program's clients; periodic reports on child progress; periodic reports on field operations and information systems on the movement of children among the various day care homes.

To be assured that the data generated by the field provides accurate and timely operational data to the Program coordination staff, each and every field record should at best be clearly tied to the decision making process or at least provide general program information. This would permit program staff to discontinue collection of data not used and would streamline and simplify the record system. Field personnel should be carefully instructed about the importance of record keeping. Permanent training mechanisms should be maintained by the program coordination unit to this end.

2. *Simplifying the field teams and reorganizing their work day.*

This recommendation includes combining the functions of the team coordinator and social worker, and a more functional and effective use of the time spent on program supervision.

It is proposed that the technical team consist of a coordinator, a teacher and a paraprofessional health worker. Each of these teams would be responsible for supervising 30-35 day care homes in areas of urban renewal or apartment buildings where it would be possible to supervise three homes in a four-hour period. If they were to dedicate four mornings to supervision using this plan, the team could visit 12 homes each week. Every afternoon and one entire day a week would be dedicated to office work. In those program communities where access and movement among the homes is more difficult, each team should continue having responsibility for 20-25 homes to which they allot three hours a day to supervision. In this manner they would supervise eight homes weekly, again dedicating four mornings a week to the supervisory tasks, and every afternoon and one entire day to office work.

In both cases each day care home would be visited every three weeks. If the visit is for a longer period of time and directed to clear objectives (as is proposed later), this period between supervisory visits would permit the care mother to achieve a progressive independence in the direction of the program. There would always be sufficient flexibility to make more frequent visits to day care homes just starting in the program or those under special observation. In this plan, there is also one morning available to make some supervision visits that could not be completed during the week.

Implementation of this recommendation would mean that the social workers who currently form part of the technical team would be reassigned as project coordinators in new program neighborhoods.

3. *Reviewing the objectives of the Legal Assistance Program.*

It is proposed that the legal assistance program be converted to a support function for the field team. The legal office would receive requests for birth certificates from the neighborhood coordinators, and assist the technical team in meetings with care and working mothers. In these meetings they would deal with legal aspects of topics suggested by the problems facing the neighborhood office as well as general orientation on Family Law (Derecho de Familia).

B. The Role of the Technical Teams.

1. The following modifications are recommended in the supervision strategy to enhance the effectiveness of the process of supporting the care mothers, and to assure detection of critical areas in the daily operation of the homes. It is suggested that the experience in implementing this evaluation be a guide in this effort, adapting the evaluation dynamics, methodology and instrumentation to the program's operational processes. Specifically it is recommended:

a. In the selection process for the care mothers, the program team employ the Home Environmental Stimulation Inventory. This inventory was developed during the evaluation to measure the psychological environment of the homes.

b. For supervising the homes, we recommend that the technical team use the participant-observation methodology developed during the evaluation. This would include using the instrumentation for systematic observation containing focal points and checklists. Analysis of the data collected against a list of variables and indicators would facilitate monitoring the most critical areas of program operation. This body of information would serve to indicate necessary corrective measures on the programmatic level as well as clarify the training needs of the care mothers.

c. The group training activities for the day care mothers should concentrate on the patterns of behavior which were observed most frequently in the care homes (what were called "patrones de conducta" in the evaluation study). Individualized training carried out during the supervisory visits should concentrate on the particular needs observed for each care mother. The technical team should rely on its own professional preparation to train the care mother and, when necessary, solicit support from the Area Coordinators and the Training Unit. The starting point, however, should always be the needs detected by the team, in their own neighborhood, through the participant observation.

2. There is a need to reinforce the inadequate basic professional preparation of the technical teams through intensive in-service training consistent with the training needs of the care mothers. This in-service training should be developed by the coordinators of each programmatic area with the support of the training unit. The following specific points should be emphasized: strategies for supervision; technical expertise in health-infant development; planning personal work schedules; in-service training of adults and maintenance and use of program records.

3. It is recommended that the maintenance of a permanent diagnostic procedure monitoring the community's day care needs be a continued responsibility of the technical team, specifically the neighborhood coordinator.

4. The coordinators, relying on their background as social workers, should orient the program's growth in the neighborhood by identifying community mothers interested in becoming caretakers and meeting the needs reflected in the permanent diagnostic process of care needs. This diagnosis will permit the team to maintain updated records on the typology of forms of care in the neighborhood. (See item 2). Through this process the social worker will also plan program promotion activities.

In their role of overall program administrator in the neighborhoods, the coordinators should also make periodic visits to the day care homes as part of the process of team coordination. In summary, coordinator responsibilities will be focused on: diagnosis of community care needs, program growth, administrative control, monitoring the entry and departure of client families, the opening and closing of care homes, planning team meetings as well as the meetings with care and working mothers.

5. Notable psychological benefits were detected in analyzing the process of child-adult interaction in day care situations based on the extended family. The diagnosis of neighborhood day care needs and services referred to previously would permit the social worker to identify those forms of family-based care which are relatively stable in the community. In those cases where it is possible to place a number of program children equal to or greater than the quantity of the families' own children being cared for, it would be advisable to give these existing family care arrangements priority as day care home program sites. This would also permit these family arrangements to enjoy the benefits that a day care system is able to offer.

6. The role of the para-professional health worker should fundamentally consist of periodic supervision of the care homes, including: maintaining records on attendance and absence, health, child height and weight, vaccination and innoculation charts, sanitary conditions in the home and food preparation procedures; monitoring implementation of the program's dietary requirements and schedule of medical check-ups; maintaining contact with community level health service agencies and general support and orientation to the care mother in the daily operations of the home.

7. After necessary preparation, the role of the teacher should be redefined to be training of the care mother. The objective of this redefinition is to support the care mother in her efforts to maximize the quality of the child development environment relating both to the environment in the homes

and her interactions with the children. It has been adequately demonstrated that the quantity and variety of sensory stimulants in the environment and the quality of the responses that the adults give to the children in their daily interactions have strong influence on the child development process. During their periodic visits to the day care homes the teachers will enhance the educational activities of the children, taking advantage of the normal occurrences in the home and including the care mother in planning activities. In the development of these learning experiences the teacher will be able to underline or emphasize for the care mother those situations and natural occurrences which can be used to stimulate the child's development and learning.

Implementation of this objective implies development of a series of dynamic mechanisms by the Educational Coordinator of the Day Care Homes Program for the training of both the teachers and the care mothers in this new concept of teaching and learning. This new concept is based on the use of daily occurrences and resources offered in the home environment which can facilitate the education of the child.

8. The technical teams should promote meetings in the care homes between the care mothers and working mothers. These meetings would provide an opportunity for the interchange of concepts and experiences relating to child rearing. These meetings would also constitute a basis for the formulation of a support system for the working mother.

C. The Role of the Care Mothers.

In relation to the role of the care mothers in the program, and with reference to their demonstrated capacity to care for young children, it is recommended that the program:

1. Introduce a system of in-service training with the objective of realizing the care mothers' full potential as facilitator of the child development process. This training system should begin with the basic competence of the care mothers, and take into consideration the special circumstances and requirements of the day care homes. The system should be implemented as an integral part of the supervisor visits of the members of the technical team and, as was stated before,

take into consideration the experiences and methodologies which resulted from this program evaluation. The content of the training should focus on health, stimulation of the child development processes, feeding, streamlining the daily tasks of home management and communicating educational concepts to the biological mothers.

2. As a way to permit the care mother to focus more of her energies on the care and development of the children, a simplification of the daily schedule is advised. We suggest changing the bathing period to the afternoon, simplifying the program's menu (which was found to be too elaborate for the young children) and sharing some of the responsibilities in the home with the older children.

IV. TWO CASE STUDIES

Maria, A Loving Mother

Maria is an unassuming 38-year-old woman. There is almost always a smile on her friendly face; but during these days her eyes reflect sadness and deep thought. Last week her mother died. But even now she is willing to cooperate with us and is proud to have been selected as the Care Mother who best represents the benefits of the Day Care Homes Program.

Her home is small, but the lack of space is fully compensated for by the love and care she provides the children, love that is also shared with a collection of plants that take up almost a third of the patio. The radio is always on, Maria enjoys listening to the soap operas and news programs. When she occasionally attempts to quiet down the children they respond with a happy "shut up radio!"

Sixteen years ago Maria married Pedro. Pedro works in a clothing factory. The family's two children, 14 year old Pedro and 10 year old Delia, frequently help to care for the children in the program. It is obvious that they like the children. In addition to the five she regularly cares for, Maria also cares for an eight-month-old infant that has been temporarily transferred from another home where the care mother became ill.

Maria tells us her story:

"I was born in Zaranza, the last of 11 children, and after my parents didn't think they would have more. As a little girl I had a marvelous life. Because I was the youngest I didn't have to work. We passed the time playing, my nieces and me. I didn't play with my own brothers or sisters, but with my nieces who were my own age. Jumping rope. Playing hop-scotch. Playing hide-and-go-seek. We were always in the garden of our home, because it was a large home, with a garden, trees and land.

I was always shy, too shy. My teachers always liked me. They never punished me at school, or at home either.

When I was 13 my dad got asthma and we moved to Caracas; almost all of my brothers and sisters had already moved here; the only ones left at home we : my dad, my mom, a sister that was left single and me. It wasn't a big change for me. When one is younger one doesn't notice the changes as much as when one gets older; when one feels things stronger; the sadness at leaving a home.

I stayed in school until the sixth grade. I later studied in a Secretarial Institute and then began to work in an office, even though I always liked the idea to study to be a teacher. I always liked things related to kids, like teaching them and those kinds of things. I still try to teach those around me the little bit that I know. The same with my children; the little I know I have shared with them and they always have sought me to teach them.

When I was young I didn't like parties; they made me feel sad, do you understand? It was difficult for me to learn to dance. But my husband, he was the greatest. He could fill a thousand books about how great he was. We started to see each other every day when we arrived at the office, and all of a sudden he came to visit me!

I wasn't too sure of him at first, but he kept on coming back, and little by little we got to know each other. The time went by and he said. . .you know, those things they say. We started to date, but always with a chaperone. You know that before it wasn't like it is now. . .now the whole world goes out alone, don't they? We got married and then I quit work, because he never wanted me to work, that's why he likes me to be a care mother. I'm in my own home, doing my own thing.

My first pregnancy was marvelous, but I sure didn't like the moment of birth. I'm a nervous person, and my physical state was very bad after the birth. But I had my little girl anyway, because of that thing that you shouldn't have only one child but as a minimum two; for this I had the two children, but I sure didn't want to have any more.

When I only had the two children I always asked myself, 'How can someone with eight or ten take care of them all?' Now I know because now I also can manage with eight. It's just a question of trying, right? I started with my two children, then I had four children under the program, then five and now six, and I don't ask for help from anybody because now I know how to take care of eight. Just in a few practical things I needed help. For example with this thing of the baby bottles I went and asked the lady downstairs; and with the diapers, they aren't the same as they were before, do you know that? The first day I didn't know how to change them. Ah, yes, that was a tragedy! The next day when it was time for the first change, I first studied how the children had the diaper on from home, and then I put them on the same way. That's how I am. When I don't know something I try to find out a way that I can learn it.

I heard about the program through a neighbor that had worked in it for about a year. She asked me if I wanted to take care of children because my house has a patio and the children could have some space. I thought about it a lot because it's a big responsibility, almost an obligation. When I unexpectedly have to leave the house, I have to find someone to watch the children. I'm alone, you know. My husband told me: 'Think about what you want to do, I won't oblige you to do anything.' Finally I convinced myself.

For me the first days were the difficult ones, especially with Alexis. I kept saying 'Here we don't swear.' And every day repeating 'Don't do this' or 'Don't do that!' As you know, kids love to get into things, don't they? This is something that comes along with childhood, they don't know if they can touch something or not. It's because of their innocence, but then I say, 'Don't touch this, it is bad.' That's how I have them trained, but sometimes they come back after a weekend, and out comes a four-letter word!

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At the beginning there was one who always called me 'mom.' I felt a little strange about that, because one always wanted to be mother to all children. At the same time I felt happy, because it was a sign of love. The most important thing about this program is the care that is given to the child—being a mother to them all. One must give them love and earn their love. But one must also give them a little character, if you don't you don't care for them as I do. When I was a child they never hit me and I don't hit them either, but I am verbally stern with them. They have learned a lot: not to swear, to share, to behave and not to fight so much; because sometimes they go at each other, fighting, screaming, crying, but generally they get things fixed up among themselves. They also have learned to wash their hands, to dry themselves, to eat at the table and, imagine this, they can even serve themselves. Even the little one, Puinky there, who is only two years old can take care of herself at the table sometimes.

My children help a lot because they spend a lot of time playing with and caring for the children. I get along good with the mothers; Puinky and Iris' mother always brings me a little gift when she comes to get them. Its almost as if I was her mother and a grandmother to the children, isn't it? I haven't had problems with the young folks at the Foundation office either. At the beginning they told me how I should work, about the daily schedule, the menu, all of those things. They brought me the furniture things for the kitchen and toys. But I did everything else, because this work depends on oneself. They came to visit and the teachers come one hour a week and when the children have to go to the doctor they take them and they have helped me a lot with things around the house. Just think, just now they bought me a baby bath and lavatory. A new tank for the water too. This made me happiest because before I ran out of water almost every day and now I never run out. Yes, they have helped me a lot. If they weren't here I would have to dedicate my time to teaching the children, even though as a matter of fact I do

it anyway once in a while. But in the mornings I don't have time to do anything that's not on the work schedule; that's why I don't know if I would continue to care for children if the program didn't exist. But as long as I'm living here and as long as they don't stop the program, I think I'll continue working at it."

44.

Nelly's Story

In the process of the evaluation there was great interest in learning more about the life of the working mother and her family. For this reason we decided to document the following case study on Nelly de Mendoza and her small girls who, for the past year and one-half, have been enrolled in the program under the care of Maria.

Nelly is a 21-year-old from Caracas. She is the youngest in a family of eleven; dark-skinned, with large and expressive eyes. An event she recalls from her younger years with much happiness, is the time she was on a televised folklore dance program when she was in primary school. She says because of this her dream has been to be a dancer. She was a good student until she got to high school, where she didn't have much success. When she was in the sophomore year and she was 15, she fell in love with a young man of 17. They got married when she was 6 months pregnant. Life with her husband was always filled with inconveniences and problems. She was frequently beaten by him, and this was finally the motive for their separation.

Her two small daughters, four-year-old Iris and Thais who is two and one-half, are slight, dark-skinned, have curly hair and a ready smile, are physically agile and love to talk. Nelly says they have progressed a great deal since they entered the program.

Let's listen to Nelly's story:

"I was a very innocent young girl, my first boy friend was my husband. He is a very jealous person and this has caused all of our problems. He was hitting me since we were engaged. I got pregnant before I got married and when my stomach began to show it, one night my brothers began to joke that they saw an owl sitting on the roof of the house; I laughed and said it wasn't me! [1]

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[1]There is a popular belief on the eastern coast of Venezuela that when an owl lands on a house it means that there is a secretly pregnant woman living there.

When we got married we went to live with his mother. I had my daughter, but I didn't have any say in things. My mother-in-law ran everything.

Three months after my first daughter I was pregnant again. I worked in a textile factory and my mother took care of my daughter. We moved from my mother-in-law's house to a room we rented in the house of a young woman, and that's where my second daughter was born. In those days things went well, even though I always had problems with his jealousy. I stopped working and stayed at home taking care of my children, then he fell in love with another woman and left home. I lived alone for a while, one month, but since I am very nervous and couldn't pay, I went to Tacagua[2] a homeless person. But I didn't have to work much there because my mother found out where I went and helped me.

When I returned to my parents' house I had problems because I wanted to work but my mother, who is nervous, couldn't care for my children. Then I heard about the Day Care Homes Program on radio and television and some neighbors told me where the Community Service Module was. My daughters have been in three different Day Care Homes. First they put them in Senora Matilde's home. The girls were very small, Iris was twenty-three months old and Elais only nine months. She took care of them very well and the girls gained weight and grew a lot, but the Senora closed the home because she was leaving on a trip. They then assigned the girls to a nearby home, where they also took care of them well and they continued to progress. But because of problems I had with my husband he went to look for the children at the home without my permission and one day he even showed up drunk to take them and he threatened to fight the husband of the care mother—I preferred to change them to another home to avoid further problems for the Senora who had been so good to me and my children.

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[2] Tacagua is a colony of barracks for the homeless.

That's how we arrived to Maria's home. There they like the girls a lot and the girls like her. They are very good there, they have learned a lot, and behave better. Now they eat everything, and are under the control of the health worker who weighs and measures them. For Thais, the oldest, a teacher comes who has taught her stories and songs. They are so well there that my children have never called me mother, except when they are hurt. For them Senora Maria is mother, but she repeats to them that I am their real mother.

Senora Maria also gives advice to me and she talks with me a lot about the problem that I have with my husband. She has been so good to me that she has even taken care of my children on Saturday nights so that I could go to parties. She says that I am young and should enjoy myself. This is my greatest gift, because my dream is to become a ballerina."